

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735145

1. Entity Name

PEACE RIVER CHURCH OF CHRIST, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90303 022 ****61.25

Principal Place of Business

2623 VASCO STREET
P.O. BOX 955
PUNTA GORDA FL 33950

Mailing Address

2623 VASCO STREET
P.O. BOX 510955
PUNTA GORDA FL 33950
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2429596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, ROBERT H
306 MARION W.
PUNTA GORDA FL 33950

2200 EL Cerito Ct.
Punta Gorda, FL
33950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME HENRY, BOB
STREET ADDRESS 2200 EL Cerito Ct.
CITY-ST-ZIP 306 W MARION Punta Gorda, FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FRAZIER, HOMER
STREET ADDRESS 14408 ARMADA RD.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D
NAME EDMUND KARTZ
STREET ADDRESS 1417 Mediterranean Dr.
CITY-ST-ZIP Punta Gorda, FL 33950 ☐ Change ☒ Addition

TITLE DS
NAME NICKOLS, GEORGE F.
STREET ADDRESS 215 RIO VILLA, BOX 3188
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME BEARDEN, ROBERT
STREET ADDRESS 911 RYE AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PENDERGRASS, BENNETT
STREET ADDRESS 19584 MIDWAY BLVD
CITY-ST-ZIP PT CHARLOTTE FL 33948

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/24/01 941-740-0561

CR2E037 (10/00)